

Toward Plug and Play Medical Cyber-Physical Systems

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November 10, 2015

Trends in Medical Systems



Miniaturization

- Implantable devices
- Ingestible sensors

Interoperation

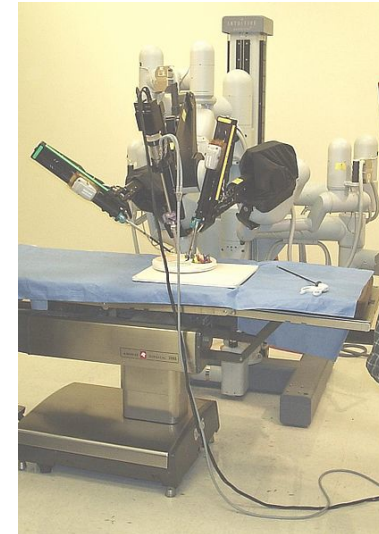
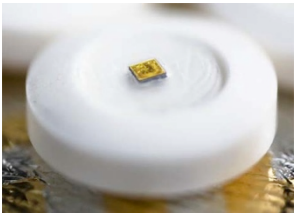
- Executable clinical scenarios
- Safety interlocks

Teleoperation

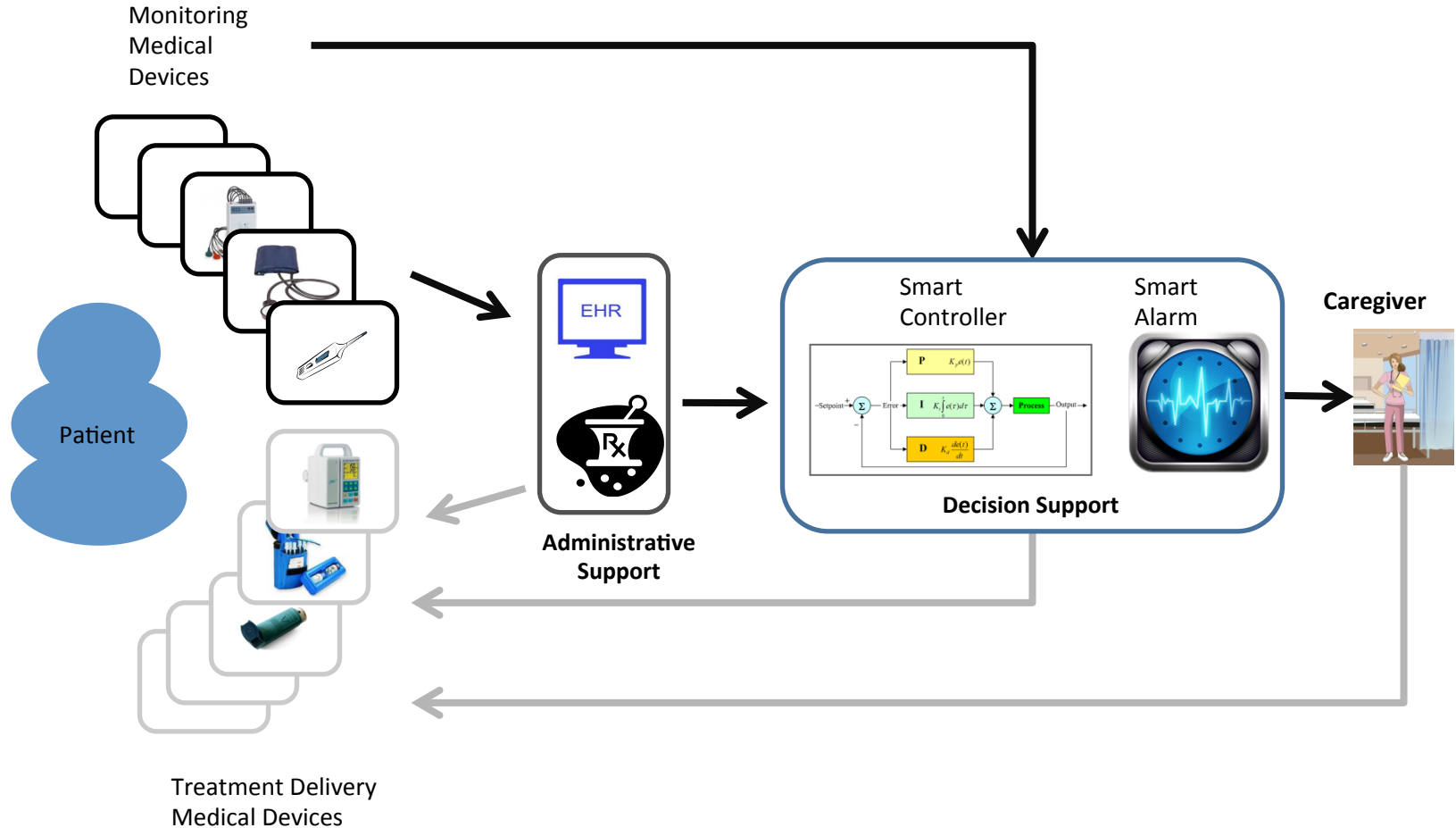
- Tele-ICU
- Robotic surgery

Autonomy

- Smart alarms
- Context-sensitive decision support
- Physiological closed loop control

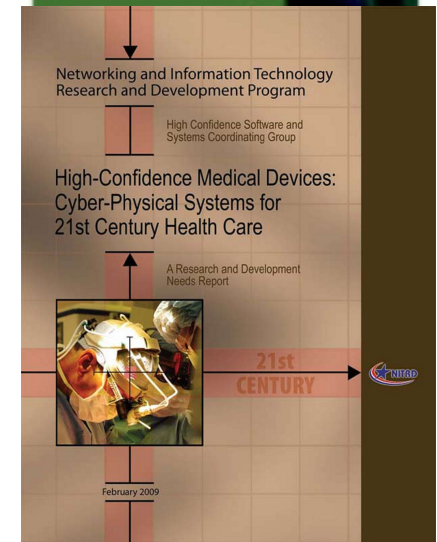
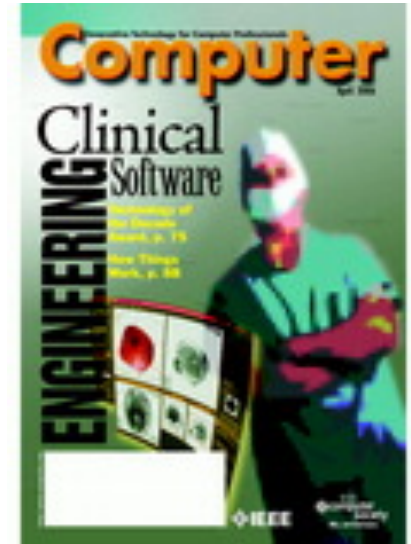


Overall Structure of MCPS



MCPS Research Challenges (partial list)

- Ensuring safety (and security)
 - Model-based and evidence-based development
 - Patient modeling and simulation
 - User-centered design
- Medical device integration and interoperation
- Adaptive patient-specific algorithms
- Incremental and compositional methods for certifiable assurance and safety

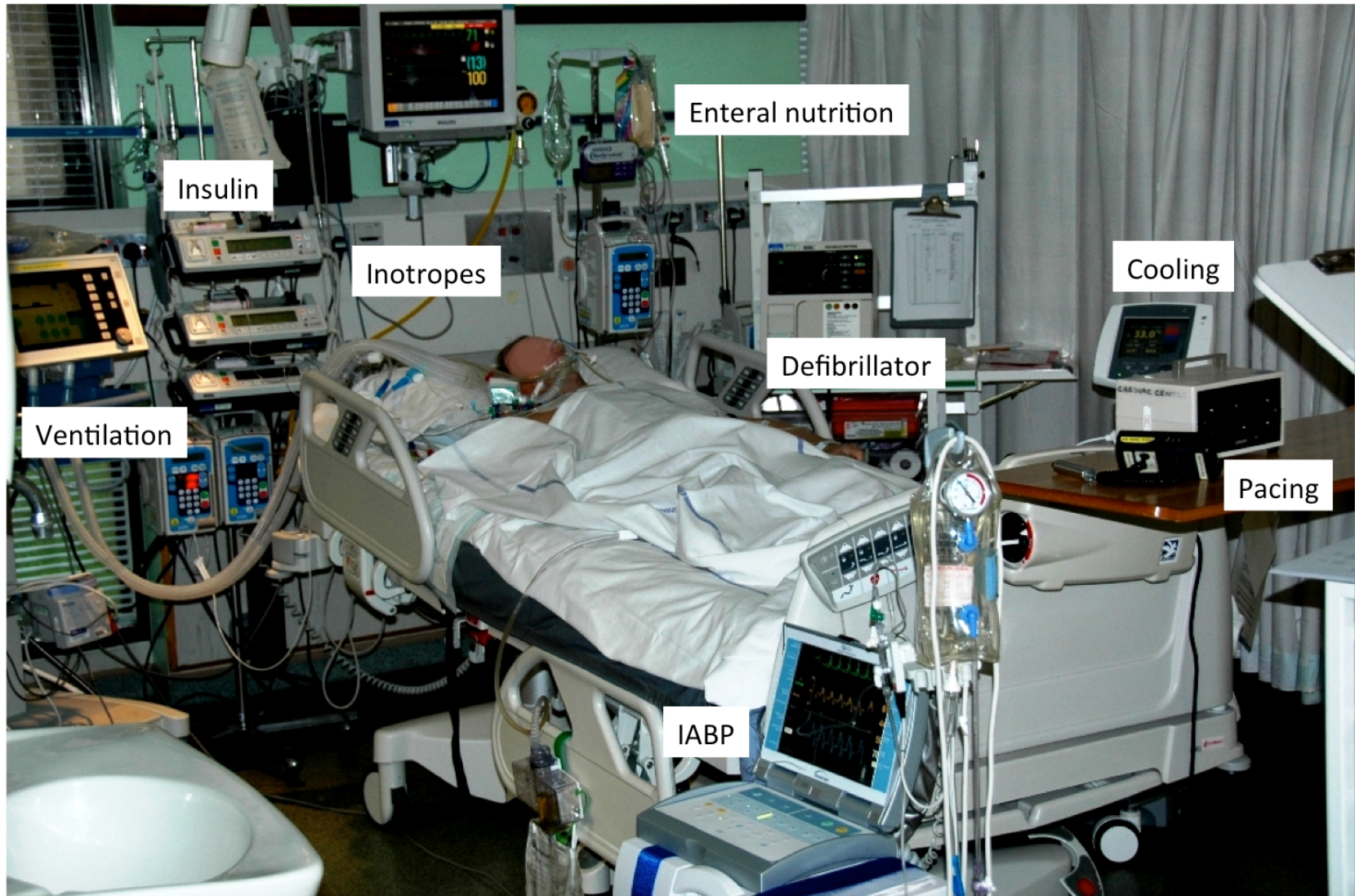


Outline

- Medical Device Interoperability
- PCA Case Studies
 - Generic PCA Infusion Pump
 - PCA Closed-Loop System
- Modeling and Analysis in Artificial Pancreas
 - Glucose Control Benchmark for Formal Verification
 - Data-driven Patient Behavior Modeling
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MEDICAL DEVICE INTEROPERABILITY

Example: ICU



Current Problem

Little to no integration of Devices with each other:

- Humans must automate even simple clinical workflows
- Unnecessary burdens placed on human caregivers
- Few opportunities for “sensor fusion” (better alarms and diagnostics)



Clinical Scenario: Laser Surgery/Ventilator



Clinical Scenario: Medical Device Safetylock

Doctors enforce the following invariant:

- If **laser = on** then **oxygen = off**
- If patient's **SpO2 < 95** then **oxygen = on**

Systems of Systems approach: let devices communicate and automate safety invariant enforcement



Clinical Scenario: X-Ray / Ventilator

“With the advent of sophisticated anesthesia machines incorporating comprehensive monitoring, it is easy to forget that serious anesthesia mishaps still can and do occur.”
APSF Newsletter Winter 2005



Portable x-ray machine



Surgeons



Anesthesia Machine

What do
laser-surgery/ventilator and X-ray/ventilator
have in common?

They do not exist!

Why not?

Medical-Device Plug-and-Play

- A patient is treated using a variety of medical devices
 - Coordination between devices can increase safety or enhance functionality
 - Currently, caregivers coordinate devices
- Interoperable devices can self-coordinate
 - Provide continuous monitoring
 - Handle routine tasks and respond to obvious problems
 - Alert caregivers in more serious cases
 - Physiological closed-loop control in many cases
- MD PnP
 - Interoperable medical devices based on plug-n-play
 - Vender neutrality based on open medical device interfaces
 - www.mdnp.org



Current

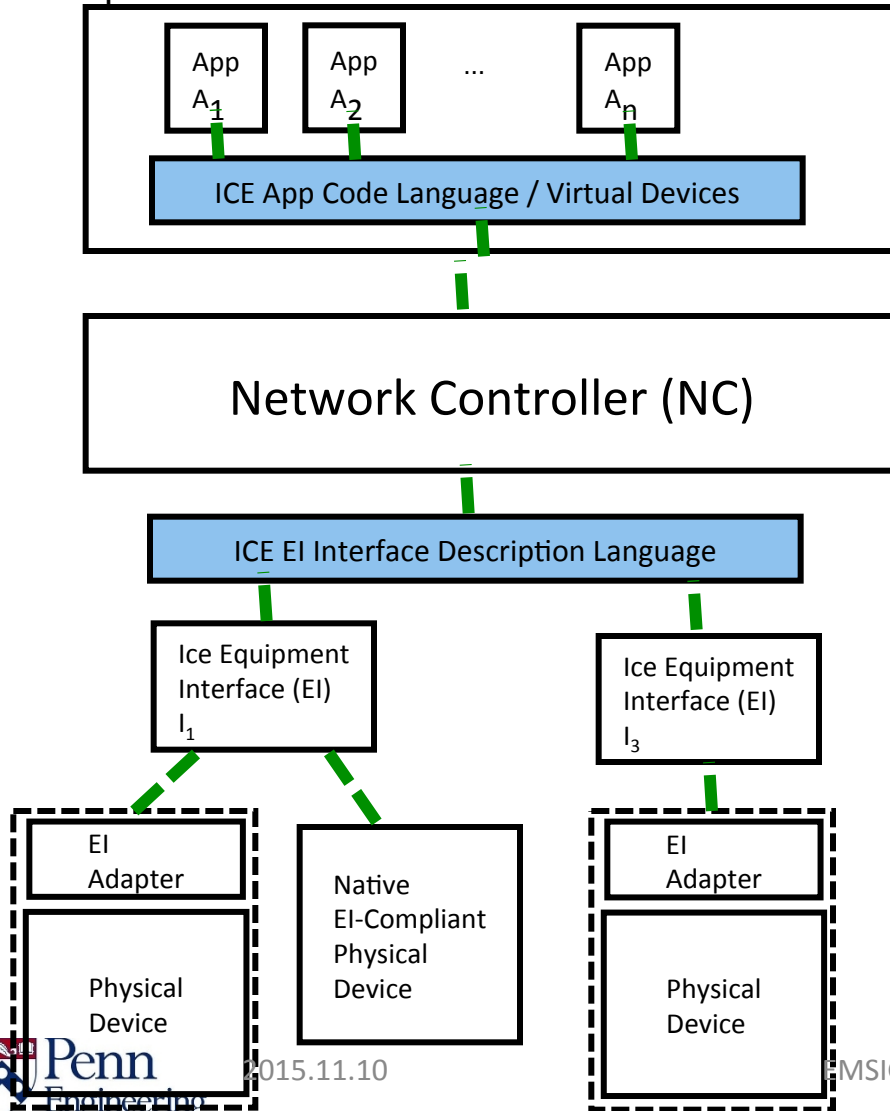
Future



MEDICAL APPLICATION PLATFORM AND CLINICAL APPS

Integrated Clinical Environment (ICE)

Supervisor



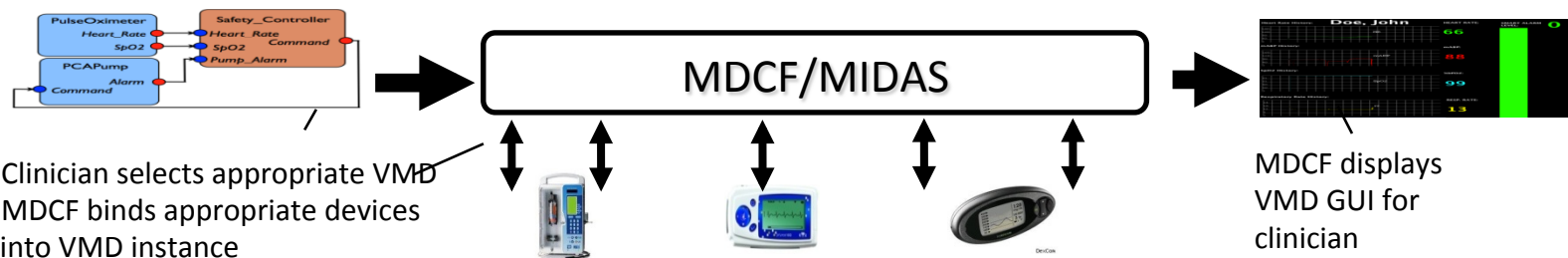
- ASTM Standard F2761-2009 for ICE defines a high-level architecture and functional concept
- Subsequent standards are intended to provide specific functional and interfacing requirements for components
- The ICE architecture standard is the focal point for FDA's evaluation of MAP (Medical App Platform) concepts in future medical systems
 - A key element of this evaluation is moving from regulation of “systems as a whole” to component-wise regulation

Virtual Medical Device (VMD)

- **MD PnP** enables the concept of **Virtual Medical Device**:
 - A set of medical devices coordinating over a network for clinical scenario.

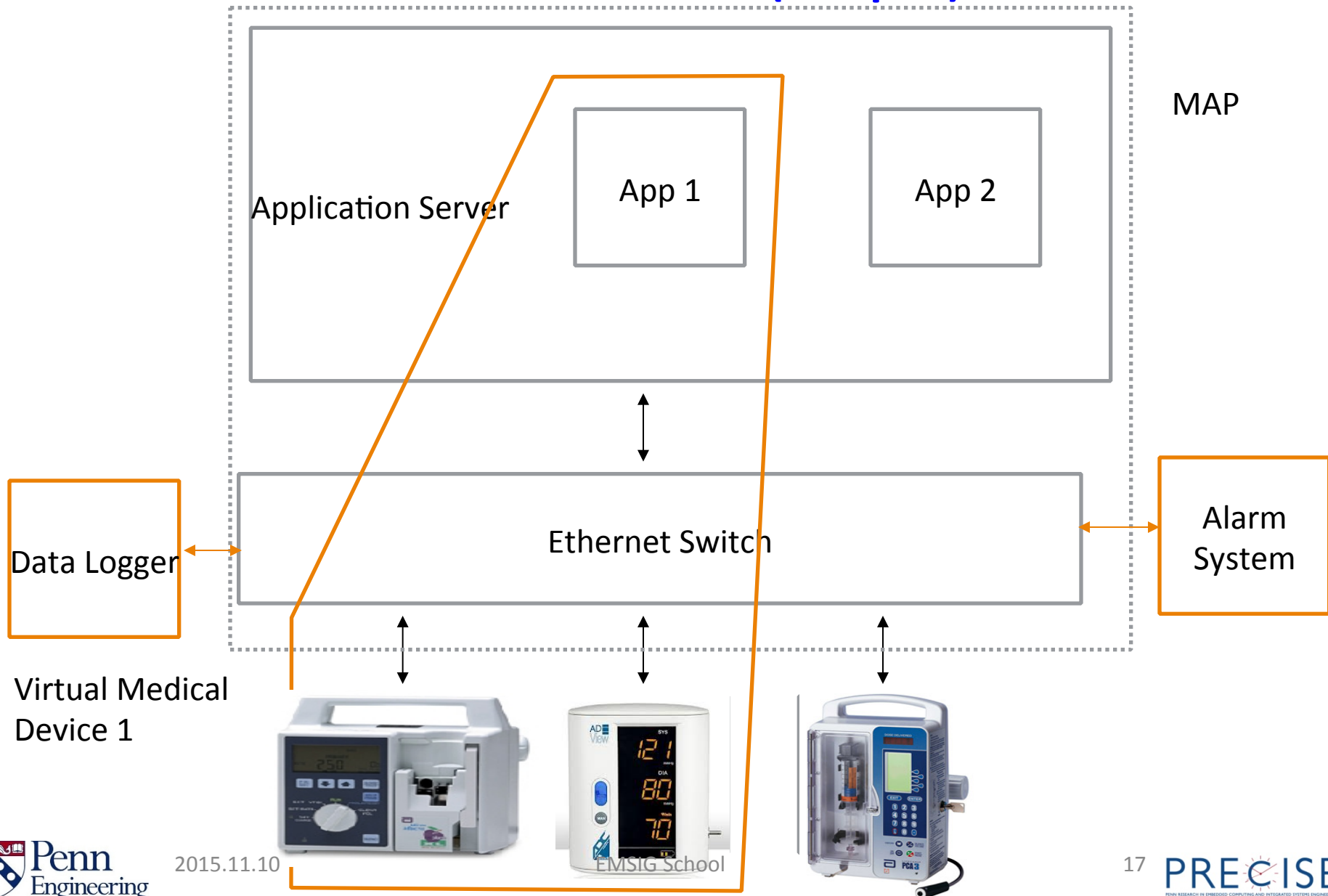


- VMD does not physically exist until instantiated at a hospital.
- OpenICE and Medical Device Coordination Framework (MDCF)
 - prototype middleware for managing the correct composition of medical devices into VMD.

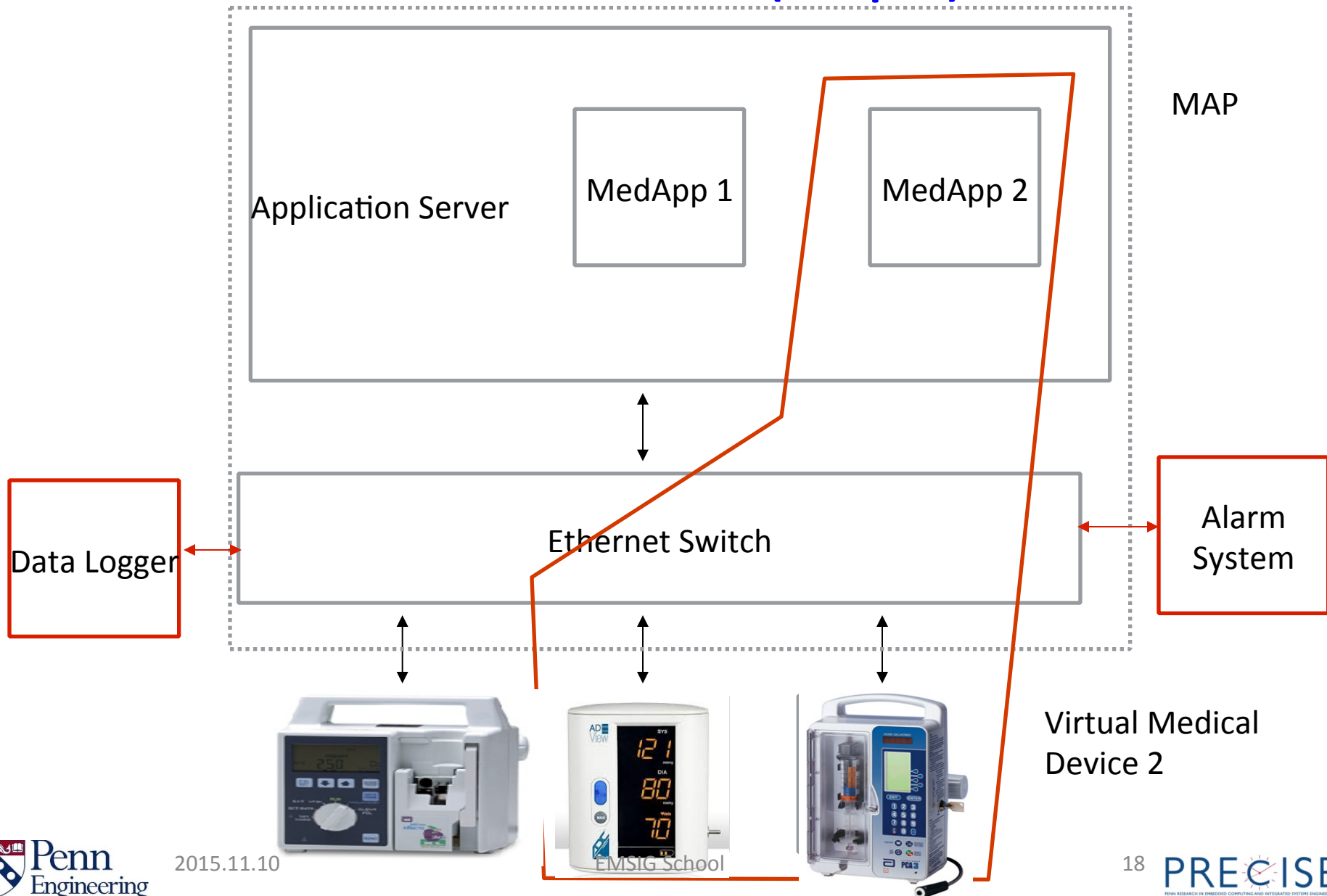


- Clinician selects appropriate VMD
- MDCF binds appropriate devices into VMD instance

Architecture (Impl.)



Architecture (Impl.)



Example VMD apps

- Medical Device Coordination Apps
 - X-ray/Ventilator coordination
 - Laser/Ventilator coordination
- Smart Alarms
 - CABG (Coronary Artery Bypass Graft) Patients
- Physiological Closed-Loop Systems
 - PCA closed loop
 - BG closed loop

Case Study: ICU Smart Alarm

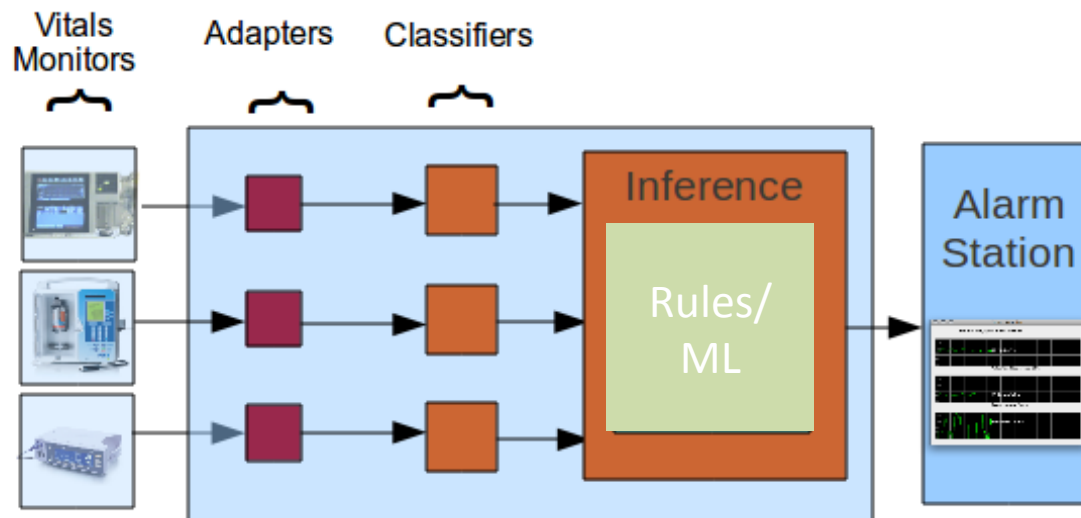
- Continuous monitoring of vital signs
 - creates deluge of data
 - mostly threshold alarms
- 57-99% of alarms are **false**
- Cause **alarm fatigue**
 - cause clinicians to ignore true alarms



False alarm rates: Kestin, et al: 75%, Phillips, et al: 86%, Clark et al: 99%,

Surgical ICU Smart Alarm

- Goal: Reduce Surgical ICU (SICU) False Alarms
 - Go beyond threshold alarms
- System structure
 - Capture 4 common vitals
 - HR, BP, RR, SPO₂
 - Use vitals together, instead of independently
 - Generate more useful alarms



SICU Smart Alarm Validation

- Initial Study (2010)
 - Create rules from clinicians
 - Test on retrospective data (Physionet)
 - 57% reduction in false alarms
- Secondary Study (2012)
 - IRB approved
 - Validate rules on data from UPHS patients
 - RA recorded alarm-prompted interventions
 - 45% reduction in false alarms

BP	HR	SPO ₂	RR	Alarm Level
Normal	Normal	Normal	Normal	0
High	Normal	Normal	Low	1
High	Low	Normal	Normal	2
Very Low	Normal	Normal	High	3
High	High	Low	High	2

Table 1: Small subset of the rule set.

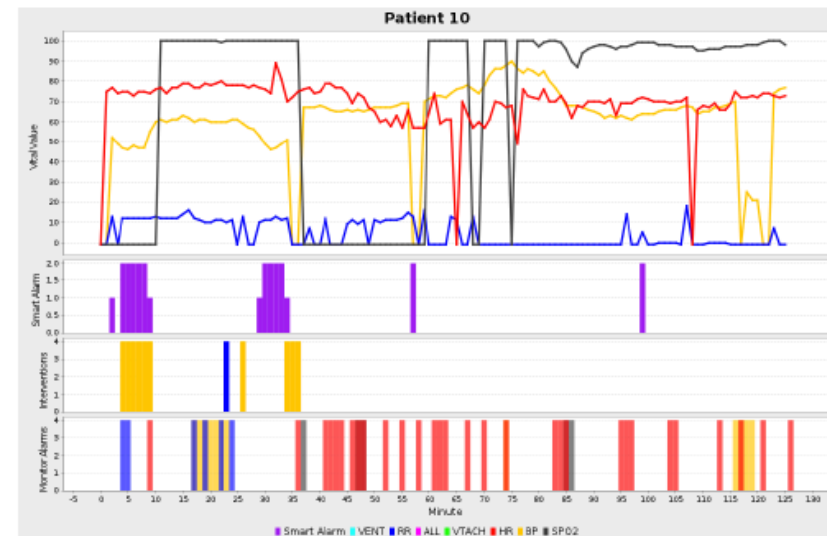
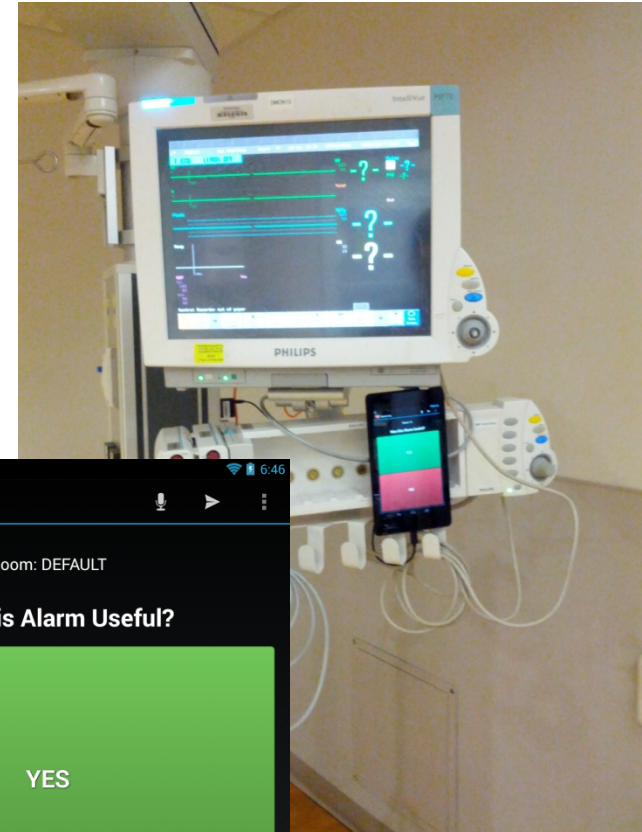


Fig. 3. Vitals signs and alarms; The top row is a trace of vital signs, smart alarm response is the second row, alarms resulting in an intervention are third from top and spurious alarms are in the bottom row. The smart alarm response tracks with the occurrence of intervention alarms.

SICU Smart Alarm Validation

- Current Study (Ongoing since 2014)
 - IRB Approved
 - ICU Bedside Monitors have Android tablets attached
 - 16 Bed SICU at Presbyterian SICU
 - Capture:
 - Vital signs
 - Generated alarms
 - Nurse annotations of alarm utility
 - Ground truth
 - Goal:
 - Further validate rule set
 - Use Machine Learning to create improved alarm algorithm



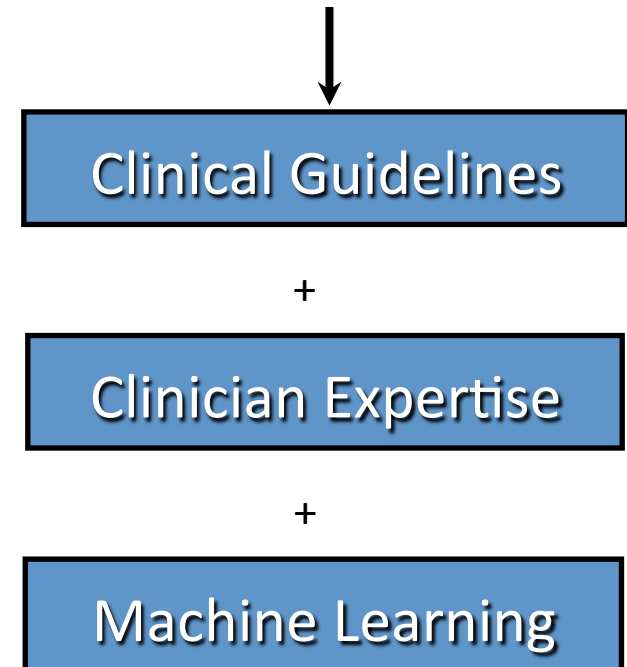
A L King, A Roederer, et al, "GSA: A framework for rapid prototyping of smart alarm systems," in IHI 2010

A King, et al, "Evaluation of a Smart Alarm for Intensive Care using Clinical Data," in IEEE EMBS 2012

Smart Alarm Project

- Experiment goals
 - Determine which alarms are deemed useful by clinicians
 - Evaluate existing clinical **guidelines** as baseline
 - Evaluate current “smart alarm” based on **clinician expertise**
 - Use **machine learning** on dataset to further improve smart alarm

“Three-Pronged Approach”



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PCA CASE STUDIES (SEE PART1)

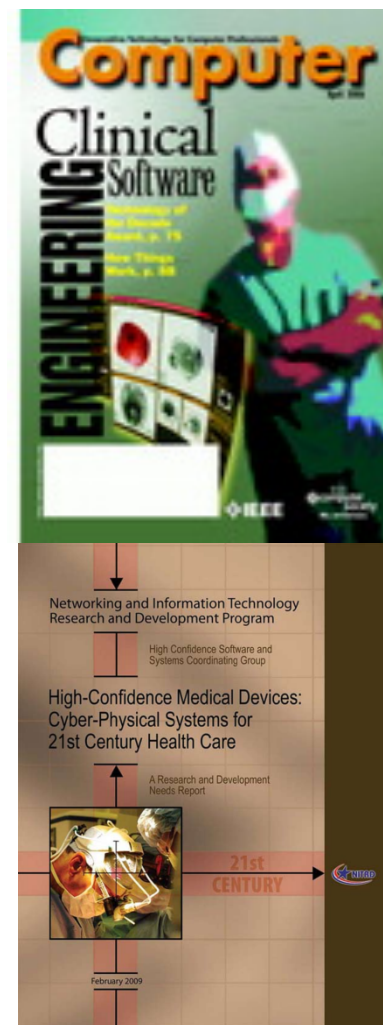
BG CONTROL SLIDES (SEE PART2)

SAFETY ASSURANCE FOR PLUG & PLAY MEDICAL SYSTEMS (SEE PART3)

MCPS Research at PRECISE Center

Goal: Develop a new development paradigm for the effective design and implementation of MCPS that are *safe, secure, and reliable*

- High-confidence medical software systems
 - Model-based development
 - GPCA (Generic Patient-Controlled Analgesia) infusion pump
 - Pacemaker
- Medical device interoperability
 - MDCF/MIDAS, VMD app (virtual medical device app)
 - Security and Privacy
- Smart alarms & clinical decision support
- Physiological closed-loop systems
 - Individualized care via patient modeling
 - Safety Analysis
- Assurance and Certification
 - Evidence-based certification
 - Blackbox recorder for medical device



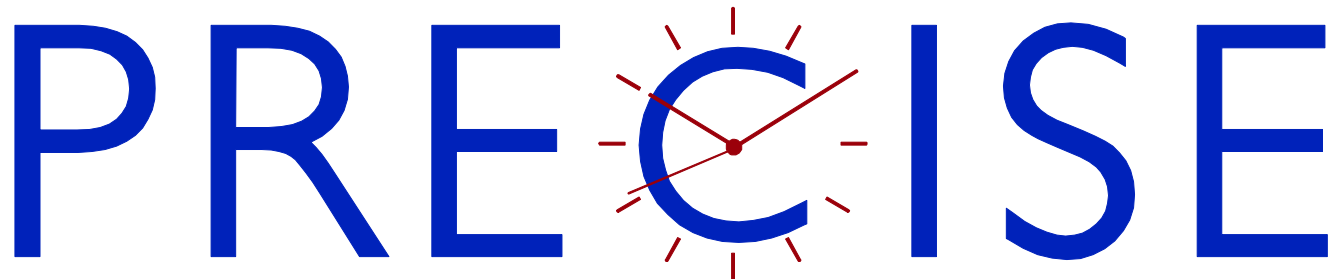
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- **Additional related papers at www.cis.upenn.edu/~lee/home/publications/**

Acknowledgements

- Some of the slides used in this lecture are originally prepared by
 - Sanjian Chen
 - Lu Feng
 - Julian Goldman
 - John Hatcliff
 - Baek-Gyu Kim
 - Andrew King
 - Alex Roederer
 - Oleg Sokolsky

Thank You!
Questions?



PENN RESEARCH IN EMBEDDED COMPUTING AND INTEGRATED SYSTEMS ENGINEERING

<http://precise.seas.upenn.edu>